

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | PS       | 66621  | 9/22    |
| O.I.P.E. CLASSIFIER       |          | 43     | 9/29/00 |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW | AB       | 70303  | 11-5    |

INDEX OF CLAIMS

|   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| + | Restricted                 | O | Objected     |

| Claim    | Date    |
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| Final    |         |
| Original | 4/28/01 |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy